



NOTIFICATION OF AGENT TERMINATION

State Form 20561 (R3 / 9-99)

INDIANA COMMISSION ON PROPRIETARY EDUCATION

Fill out the information listed below when an agent(s) is no longer employed at your institution:

Name of institution

Location of institution (*number and street, city, state, ZIP code*)

NAME OF AGENT	DATE OF TERMINATION	AGENT PERMIT CARD ENCLOSED

If the Agent Permit Card(s) cannot be returned for _____

_____, provide below a notarized statement certifying this:

WE ARE UNABLE TO RETURN THE AGENT PERMIT CARD(S) FOR THE FOLLOWING REASON:

Signature	Printed name
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Official Capacity

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, _____.

My Commission expires:

Signature of Notary

County of residence

Printed name of Notary